

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.5em; font-family: monospace;">09/214277</div>		FILING DATE		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1							
2		1		1						
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TOTAL IND.			4						9	
TOTAL DEP.			21						N/I	
TOTAL CLAIMS			25						50	